



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL

Meeting Minutes

August 19, 2015

CSI Basement Conference Room - Helena (and via phone)

Members Present

Dr. Jonathan Griffin, Chair, Blue Cross Blue Shield of Montana

Dr. Rob Stenger, Vice-Chair, Providence Medical Group

Dr. Monica Berner, Blue Cross Blue Shield of Montana

Dr. Larry Severa, Billings Clinic

Carla Cobb, RiverStone Health

Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

Lara Shadwick, Mountain Pacific Quality Health Foundation

Kristen Pete, Glacier Medical Associates

Tara Callaghan, SW Community Health Center

Paula Block, Montana Primary Care Association

Todd Harwell, Public Health and Safety Division, DPHHS

Members Absent

Dr. Patrick Van Wyk, St. Peter's Hospital

Bill Warden, Hospital Lobbyist

Todd Lovshin, PacificSource Health Plans

Jo Thompson, Montana Medicaid, Department of Public Health & Human Services

Sen. Mary Caferro, State of Montana (Ad Hoc Member)

Interested Parties Present

Dr. Jonathan Weisul, Allegiance Benefit Plan Management

Kathy Myers, Public Health and Safety Division, DPHHS

Mary LeMieux, Montana Medicaid, Department of Public Health & Human Services

Justin Murgel, PacificSource

Megan Burton, Montana Medical Association

Dr. Gary Mihelish, Mental Health Advocate, retired dentist

Karen Gray-Leach, St. Vincent Physician Network

Jodi Haines, Providence

Patty Kosednar, Mountain-Pacific Quality Health

Kim Powell, UM- Rural Institute

CSI Staff Present

Amanda Roccabruna Eby

Christina Goe

Catherine Wright

Welcome, minutes approval, and announcements

The meeting was called to order at 1:05 pm. Amanda Eby conducted roll call. Dr. Griffin reviewed the agenda and called for a motion to approve the minutes. Paula Block moved and Kristen Pete seconded a motion to approve the July 2015 stakeholder council meeting minutes. The minutes were unanimously approved. There were no announcements.

Standard Expectations for Council Proxies

Amanda Eby reminded the council that a vote is required for the Proxy language and then it will be added to the charter. Amanda wanted to highlight that a proxy request should be designated in writing and that members are appointed by the commissioner as individuals, not simply representatives of an organization. There was no discussion. Dr. Griffin called for a motion to approve the CSI proposed language for Standard Expectations for the use of Proxies by council members. Dr. Stenger made a motion; Dr. Gomersall seconded the motion. Proxy language was unanimously approved.

Review 2015 (Draft) Public Report

Amanda Eby reviewed the recent timeline for completion of the report. After extensive internal CSI review, including a review of the draft report by Commissioner Lindeen, the draft was sent to council members on August 12 for their review. She asked for comments from the council. There were no stakeholder comments. The final deadline for comments is **COB August 25**. The Public Report will be distributed to interested parties, including the media, on August 27th.

Quality Metrics Subcommittee Report

Dr. Griffin gave the subcommittee report. At their Aug. 6 meeting the subcommittee focused on the selection of a depression screening measure from one of three measures presented by Mathematica: NQF418, NQF0712 and NQF1401.

At the meeting, subcommittee attendees commented on the measures they have experience using and prefer, as well as their current practices with the PHQ-2 versus the PHQ-9 tool. Providers also commented on whether they use PHQ-2, PHQ-9, or both, and whether or not they are able to document a follow-up plan in their EMR since that is required in the first measure.

NQF#0418, aka *Preventive Care and Screening for Clinical Depression and Follow-up Plan*, a 2-part metric with screening and a follow-up plan, was preferred by the subcommittee. In particular, because it meets the intent of the depression screening vote by the council and also allows clinics flexibility since it does not require a specific screening tool. Dr. Griffin called for a motion for the Commissioner to adopt NQF0418 as the 5th quality metric. Dr. Gomersall moved for adoption of the metric and Kristen Pete seconded the motion. It passed unanimously.

Discuss Possible Changes to Quality Metric Rule 6.6.4907

Christina Goe, author of the current rule, reviewed the possible changes to the rule: add “depression screening” to the list of metrics; change reporting requirement for both general practice clinics and pediatric clinics; and require clinics to report on four out of five instead of three out of four metrics. Several council members expressed concern about the mid-year adoption of a new metric, and the expectation for clinics to report the data as soon as the 2016 report. Some thought it would be especially burdensome for pediatric clinics to be required to start reporting on the depression screening without allowing enough time to prepare a process. Finally, Dr. Berner wondered if it was possible for payors (ref. in Sec. 9) to have more flexibility in the number of metrics; she was concerned the language currently implies that payors are required to pay for certain metrics. Christina will take these various concerns and questions under consideration and draft two versions of the amended rule language for discussion at the September meeting.

Payor Subcommittee Report

Christina Goe reminded the council that the law requires uniform measures.

Dr. Berner gave a summary of the July 23rd payor meeting. Due to concerns about changing the 2016 payor guidance, they proposed a vetting process by the council on every recommendation prior to any further discussion in the subcommittee on the recommendations and changing the guidance and prior to the companies doing any further internal investigation on their capabilities to make the changes.

Questions for the Stakeholder Council: (Council decisions are in bold)

UTILIZATION MEASURE: EMERGENCY ROOM VISITS

1. Is there value in tracking observation stays? Observation stays are likely a separate measure and therefore would require a change the rule.
2. Is there value in collapsing multiple ER visits into one episode of care? **Collapse multiple ER visits in one day into one episode of care.**
3. Is there value in separating ER visits that don't lead to hospital inpatient admission from those that do? **Separate ER visits that don't lead to hospital inpatient admission from those that do lead to hospitalization.**

UTILIZATION MEASURE: HOSPITALIZATION RATES

1. Is there value in removing newborn and delivery hospitalizations from the hospitalization rate? **Remove newborn and delivery hospitalizations from the hospitalization rate.**
2. Is there value in excluding certain facilities from hospitalization rates, such as swing-bed designations, long-term care hospitals, and rehabilitation hospitals? **Exclude swing-bed designations, long-term care hospitals, and rehabilitation hospitals from the hospitalization rate.** *A definition of swing-bed facilities will be proposed by CSI for review at the September subcommittee meeting.*
3. Is there value in combining the components of an episode, such as transfers, into a single episode when they all reflect the same inpatient care provided? **Combine the various components of an episode of care, such as transfers (separate facilities), into a single episode when they all reflect the same inpatient care provided.**

Dr. Weisul requested the council recommendations be formally sent to the payors ASAP so they can consult with their company IT staff on the capability to accommodate these changes for the 2016 reporting cycle. Amanda summarized the council recommendations (in bold above) made at today's meeting and will send an email before the end of the week.

Education Subcommittee Report

Amanda gave a summary of the August 5 Education subcommittee meeting. The subcommittee reviewed and discussed recent feedback received from patient advisory councils on the draft education materials. The Patient Partners group at Billings Clinic reviewed the draft poster and rack card and met to discuss them with CSI staff on the phone. The St. Peter's patient council also reviewed and met to discuss the draft poster and rack card with subcommittee member Patrick Van Wyk. Kristen Pete had staff members at Glacier Medical Associates review the materials. The feedback ranged from very positive to fairly critical of the wording and overall "look". The subcommittee suggested CSI staff take the comments and develop 2 new versions for the subcommittee to consider at their September 2 meeting. A final draft will be selected and presented to the stakeholder council at the September meeting.

Comprehensive Application

The work group met August 4 to discuss revisions to the Comprehensive Application (Year 2 – 2015). Suggestions were considered for questions #1- 10. The remaining questions will be considered at a meeting August 25 and other changes will be finalized. The final draft will be presented at the September council meeting and then distributed in October.

Future Meetings

The **Education** subcommittee meets September 2 at noon. The **Quality Metrics** subcommittee will meet September 9 at noon and the **Payor** subcommittee will meet September 10 at 1:00 pm. And, as a reminder, all council members and interested parties are invited to attend.

The next PCMH Stakeholder Council meeting is **September 16th 1:00 – 3:00 pm at the CSI office in Helena. (Also, as a reminder, the October 21st meeting is the final required in-person meeting of the 2014-2015 Stakeholder Council.)**

Public Comment

Gary Mihelish mentioned that multiple ER visits in a single day often involve patients with unresolved psychiatric issues.

Meeting adjourned at 3:00 pm.